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Central Fax	571.273.8300	U.S. Patent and Trademark Office Alexandria, VA

Angela M. Rossi

FROM

10

PAGES (WITH COVER)

2298

REFERENCE NO

50777/283065

CLIENT/MATTER NO.

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**COMMENTS**

Re: U.S. Patent Application Serial No. 10/685,035  
 Our Ref. No. 50777/283065

This certifies that the attached Response to Restriction Requirement is being transmitted via facsimile on this 26th day of July, 2005.

Angela M. Rossi Angela M. Rossi

**TO BE COMPLETED BY KS OPERATIONS CENTER****TRANSMISSION RECEIPT DATE/TIME:** \_\_\_\_\_**COMPLETED BY:** \_\_\_\_\_**JOB CODE** 72308

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031  
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FORM**

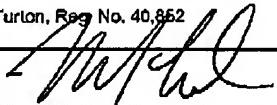
(to be used for all correspondence after initial filing)

		Application Number	10/685,035
		Filing Date	October 14, 2003
		First Named Inventor	William L. STEWART, II
		Art Unit	1731
		Examiner Name	Herring, Lisa L.
Total Number of Pages in This Submission		Attorney Docket Number	50777/283065

**ENCLOSURES (check all that apply)**

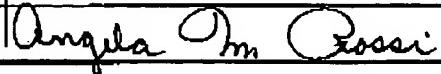
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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Remarks		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

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Signature	
Date	July 26, 2005

**CERTIFICATE OF MAILING**

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Typed or printed name	Angela M. Rossi		
Signature		Date	July 26, 2005

JUL 26 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
William L. Stewart, II )  
Serial No.: 10/685,035 ) Group Art Unit: 1731  
Filed: October 14, 2003 ) Examiner: Herring, Lisa L.  
For: SYSTEMS, DEVICES AND )  
METHODS FOR FUSING AND )  
FRACTURING FIBER OPTIC )  
CABLES )

Commissioner of Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

Attorney Docket No. 50777/283065  
Date: July 26, 2005

## RESPONSE TO RESTRICTION REQUIREMENT

Sir:

In response to the Office Action mailed on July 7, 2005, Applicant submits the following.

The Examiner has required restriction among the following claims:

Group I, claims 1-12 and 18-20, drawn to an apparatus; and

Group II, claims 13-17, drawn to a method.

Applicants elect Group I, claims 1-12 and 18-20, drawn to an apparatus.

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